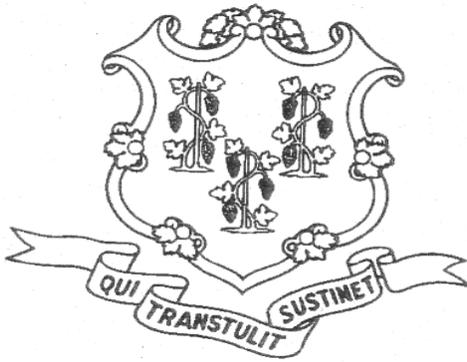


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) SecureCare Options, LLC	
Address (No. & Street, City, State, Zip Code) 60 West Street Rocky Hill CT	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2389	RHNS	(Specify)	Medicare Provider 07-5442
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Medicaid Provider Numbers:	CCNH 8046363	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

General Information

Name of Facility (as licensed) SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2021	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for SecureCare Options, LLC [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Michael Landi			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

General Information and Questionnaire
Partners/Members

Name of Facility SecureCare Options, LLC		License No. 2389	Report for Year Ended 9/30/2021	Page 3	of 37
Legal Name of Partnership/LLC SecureCare Options, LLC		Business Address 60 West Street Rocky Hill CT		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
Rocky Associates	245 South Benton St STE 100, Lakewood, CO 80226	Member		31.66	
UTG Investments, LLC	2500 17th St, STE 201 Denver CO 802211	Member		31.66	
LTC Associates, LLC	245 South Benton St STE 100, Lakewood, CO 80226	Member		31.66	
Vantage Capital, LLC	c/o iCare, 341 Bidwell St Manchester CT 06040	Member		5.02	

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State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility SecureCare Options, LLC		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 60 West Street Rocky Hill CT				
Report Prepared By		Phone Number	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 860-529-0880	Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) SecureCare Options, LLC		Address (No. & Street, City, State, Zip) 60 West Street Rocky Hill CT		
License Numbers:	CCNH 2389	RHNS	(Specify)	Medicare Provider No. 07-5442
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Michael Landi		Nursing Home Administrator's License No.:	1639	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Bidwell care Center, LLC	333 Bidwell Street Manchester, CT 06040	<input type="radio"/>	<input checked="" type="radio"/>		Shared Employees	Pg 10,13	6,725	6,725
Chelsea Place Care Center, LLC	25 Lorraine Street Hartford, CT 06105	<input type="radio"/>	<input checked="" type="radio"/>		Shared Employees	Pg. 10,13	11,676	11,676
Chestnut Point Care Center, LLC	171 Main Street East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Shared Employees	Pg. 10,13	2,981	2,981
Farmington Care Center, LLC	20 Scott Swamp Road Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Shared Employees	Pg. 10,13	10,054	10,054
Kettle Brook Care Center, LLC	96 Prospect Hill Road East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Shared Employees	Pg. 10,13	7,689	7,689
Meriden Care Center, LLC (Sliver Springs)	33 Roy Street Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Shared Employees	Pg. 10,13	19,842	19,842
Trinity Hill Care Center, LLC	151 Hillside Ave, Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>		Shared Employees	Pg. 10,13	7,123	7,123
Westside Care Center, LLC	349 Bidwell Street Manchester, CT 06040	<input type="radio"/>	<input checked="" type="radio"/>		Shared Employees	Pg. 10,13	60,459	60,459
See Additional Schedule Attached		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility SecureCare Options, LLC			License No. 2389		Report for Year Ended 9/30/2021		Page of 6 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks and Payroll Punch Equip	07/01/13	Automatic renewals	6,323	6,323		
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/01/13	Automatic renewals	4,235	4,235		
Mail Finance/Neopost New England, 25881 Newtwork Place, Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter Rental	07/01/13	Automatic renewals	970	970		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
									11,528

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 PKF O'Connor, Davies LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
--	---

Services Provided by This Firm (<i>describe fully</i>)	
1 Taxes, financial statements, accounting support	\$ 18,568
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 18,568

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No 15D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis)) 5 Starble and Harris, iCare Health Management LLC	Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140
---	---

Address (<i>No. & Street, City, State, Zip Code</i>) 1 341 Bidwell Street, Manchester CT 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, CT 4 5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT

Services Provided by This Firm (<i>describe fully</i>)	
1 Lease and contract issues, general legal advice, Labor Law	\$ 2,131
2 Lease and contract issues, general legal advice, union funds advice	\$
3 Employment law, arbitrations, contract negotiations	\$
4 Employment Arbitrations, healthcare law & conservatorships	\$ 1,560
5 Collections	\$
	Charge for Services Provided
	\$ 3,691

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No 15E

Schedule of Resident Statistics

Name of Facility SecureCare Options, LLC		License No. 2389			Report for Year Ended 9/30/2021				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	95	95			95	95							
B. On last day of THIS report period	95	95							95	95			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	86	86			86	86							
B. As of midnight of THIS report period	80	80							80	80			
3. Total Number of Days Care Provided During Period													
A. Medicare	313	313			218	218			95	95			
B. Medicaid (Conn.)	27,872	27,872			20,809	20,809			7,063	7,063			
C. Medicaid (other states)													
D. Private Pay	15	15			15	15							
E. State SSI for RCH													
F. Other (Specify) Insurance	1,064	1,064			788	788			276	276			
G. Total Care Days During Period (3A thru F)	29,264	29,264			21,830	21,830			7,434	7,434			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	29,264	29,264			21,830	21,830			7,434	7,434			

Schedule of Resident Statistics (Cont'd)

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	1		79						
Per Diem Rate									
a. One bed rm.	666.00		475.00						
b. Two bed rms.									
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,341	2,341		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,915	1,915		
2. Restorative Treatments	74	74		
C. Other	2,219	2,219		
D. Total Physical Therapy Treatments	6,549	6,549		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	228	228		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	223	223		
2. Restorative Treatments				
C. Other	272	272		
D. Total Speech Therapy Treatments	723	723		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,397	1,397		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,778	1,778		
2. Restorative Treatments	64	64		
C. Other	2,023	2,023		
D. Total Occupational Therapy Treatments	5,262	5,262		

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
SecureCare Options, LLC	2389	9/30/2021	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	170,541	2,351				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	94,677	3,207				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	93,230	2,363				
b. Other Maintenance Workers	14	64				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	288,794	4,355				
b. RN						
1. Direct Care	583,022	12,519				
2. Administrative**	494,979	12,510				
c. LPN						
1. Direct Care	1,052,343	33,093				
2. Administrative**						
d. Aides and Attendants	2,061,871	100,248				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	254,726	9,032				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	323,278	10,161				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	125,912	5,154				
<i>A-13. Total Salary Expenditures</i>	<i>5,543,387</i>	<i>195,057</i>				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility				License No.	Report for Year Ended			Page	of	
SecureCare Options, LLC				2389	9/30/2021			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
SecureCare Options, LLC				2389	9/30/2021			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Jessica Dering	170,541					2,351	A2			
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
SecureCare Options, LLC	2389	9/30/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	16,960	153				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	80,950	1,551				
b. Other						
6. Social Worker	(35,278)	(622)				
7. Recreation Worker	7,249	79				
8. Physicians						
a. Medical Director (entire facility)	42,000	168				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	17,123	22				
9. Speech Therapist						
a. Resident Care	19,987	383				
b. Other						
10. Occupational Therapist						
a. Resident Care	69,608	1,333				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	46,766	504				
2. Administrative***	(57,844)	(1,631)				
b. LPN						
1. Direct Care	30,830	416				
2. Administrative***						
c. Aides	2,557	69				
d. Other						
12. Other (Specify) See Attached Schedule	62,964	1,349				
B-13 Total Fees Paid in Lieu of Salaries	303,872	3,774				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility SecureCare Options, LLC		License No. 2389	Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Touchpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Pharm Scripts	Pharmacy Contract	<input type="radio"/>	<input checked="" type="radio"/>		
Guardian Consulting Srv	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

Annual Report of Long-Term Care Facility

CSP-15 Rev. 9/2018

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
SecureCare Options, LLC	2389	9/30/2021		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 136,070	136,070			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 465,469	465,469			
5. Health Insurance	\$ 790,761	790,761			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 228,971	228,971			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 24,622	24,622			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 18	18			
d. Accounting and Auditing	\$ 18,568	18,568			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,691	3,691			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 62,939	62,939			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 42,990	42,990			
2. Cellular Phones	\$ 3,523	3,523			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 606,322	606,322			
Subtotal	\$ 2,383,944	2,383,944			

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
SecureCare Options, LLC	2389	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,383,944	2,383,944		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 9,508	9,508			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 5,596	5,596			
5. Education Expenses Related to Seminars and Conventions	\$ 2,450	2,450			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 40	40			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 1,333	1,333			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 7,364	7,364			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 848	848			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,381	3,381			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,483	6,483			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,812	1,812			
10. Contributions*** See Attached Schedule	\$ 250	250			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 140,428	140,428			
12. Administrative Management Services**	\$ 390,424	390,424			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 8,948	8,948			
C-14 Total Administrative & General Expenditures	\$ 2,962,809	2,962,809			

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Meals	\$ 1,333		
Total Other Travel and Entertainment	\$ 1,333	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
COMMUNICATIONS RADIO, TV & NEWSPAPER ADS	\$ 297		
COMMUNICATION PUBLICATIONS & BROCHURES	\$ 74		
COMMUNICATIONS OTHER PROMO ITEMS	\$ 442		
COMMUNICATIONS SPECIAL EVENTS	\$ 35		
Total Other Advertising	\$ 848	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Cues	\$ 6,483		
Total Dues	\$ 6,483	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Charitable Contributions	\$ 250		
Total Contributions	\$ 250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
EMPLOYEE RELATIONS	\$ (798)		
EMPLOYEE RELATIONS-OTHER	\$ 867		
Strike Costs	\$ 6,143		
PERMITS & LICENSES	\$ 1,555		
BANK FEES	\$ 1,030		
Late Fees	\$ 151		
Total Other Administrative and General	\$ 8,948	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2021	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
SecureCare Management, LLC	390,424	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Health Management, LLC		MANAGEMENT FEES- DIRECT CARE	Pg 20 J
iCare Health Management, LLC		MANAGEMENT FEES- INDIRECT CARE	Pg 20 J

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility SecureCare Options, LLC		License No. 2389	Report for Year Ended 9/30/2021	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 12,826	12,826		
2.	Non-Food Supplies	\$ 13,478	13,478		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 1,263,060	1,263,060		
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 1,289,364	1,289,364		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility		License No.	Report for Year Ended	Page	of
SecureCare Options, LLC		2389	9/30/2021	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	1,037	1,037		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	268,045	268,045		
c. Other (<i>Specify</i>) Laundry repairs and Maintenance	\$	691	691		
3D. Total Laundry Expenditures (3a + b + c)	\$	269,773	269,773		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
SecureCare Options, LLC		2389	9/30/2021		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	16,616	16,616		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	290,290	290,290		
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 306,906	306,906		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Prescription Drugs	\$	37,879	37,879		
b.	Medicine Cabinet Drugs	\$	7,689	7,689		
c.	Medical and Therapeutic Supplies	\$	176,508	176,508		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	3,916	3,916		
f.	X-rays and Related Radiological Procedures***	\$	2,300	2,300		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	12,154	12,154		
i.	Recreation	\$	5,040	5,040		
j.	Direct Management Services*	\$	161,839	161,839		
k.	Indirect Management Services*	\$	40,143	40,143		
l.	Other (Specify)**** See Attached Schedule	\$	124,735	124,735		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 572,203	572,203		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
NURSING ADMIN SUPPLIES	\$ 2,602		\$ -
NURSING REPAIRS & MAINT	\$ 1,994		\$ -
NURSING MINOR EQUIP	\$ 14,599		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 18,008		\$ -
NON-COVERED PPS DR. VISITS	\$ 9,879		\$ -
BILLABLE MEDICAL SUPPLIES	\$ 10,826		\$ -
VACCINE RESIDENTS	\$ 920		\$ -
PATIENT SPECIAL NEEDS	\$ 540		\$ -
IV MEDICAID	\$ 18		\$ -
IV PRIVATE	\$ 4		\$ -
IV INS/MGD CARE	\$ 1,002		\$ -
IV MEDICARE	\$ 608		\$ -
EQUIPMENT RENTAL SUPPLY	\$ 21,226		\$ -
PEN THERAPY SUPPLIES	\$ 92		\$ -
PEN THERAPY FOOD	\$ 495		\$ -
IV THERAPY SUPPLIES	\$ 2,315		\$ -
MEDICAL TRANS SERVICE	\$ 4,343		\$ -
COVID-19 NURSING SUPPLIES & EQUIPMENT	\$ 6,686		\$ -
COVID-19 MEDICAL SUPPLIES & EQUIPMENT	\$ (412)		\$ -
INFCT CTRL COVID - EMPLOYEE TESTING	\$ 594		\$ -
INFCT CTRL COVID - RESIDENT TESTING	\$ 28,396		\$ -
Total Other Resident Care	\$ 124,735	\$ -	\$ -

Report of Expenditures
Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility SecureCare Options, LLC			License No. 2389	Report for Year Ended 9/30/2021	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Housekeeping Services	285,418			20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Laundry Services	268,045			19	3b
Plummer All Season Landscaping		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Snow Removal/Landscaping	30,487			22	6F
All Waste Inc		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Trash removal	29,268			22	6F
American HealthTech		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Software Maintenance Contract	11,863			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Payroll Services	42,063			16	M11
National Datacare Corp		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Resident Trust Software	3,443			16	M11
Prime Care Technologuy services		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Computer Consulting Services	48,011			16	M11
Priotiry Express		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Courier Services	1,967			16	M11
Point Right Inc		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Nursing Software	4,717			16	M11
Facility Compliance		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Plant Contract Service	65,899			22	6F
US Security Inc		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Security Contract Services	211,050			22	6F
Health Services Group		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Dietary/Raw Food	1,245,227			18	A1, b
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
SecureCare Options, LLC	2389	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 55,504	55,504				
b. Heat	\$ 38,007	38,007				
c. Light & Power	\$ 70,826	70,826				
d. Water	\$ 48,638	48,638				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 11,528	11,528				
f. Other (<i>itemize</i>)	\$ 349,762	349,762				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 574,265	574,265				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 69,582	69,582				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 69,582	69,582				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 76,963	76,963				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 76,963	76,963				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 351,645	351,645				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 94,430	94,430				
c. Personal property taxes	\$ 14,018	14,018				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 606,638	606,638				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
ELEVATOR CONTRACT SERVICE	\$ 558		
FIRE/SPRINKLER CONTRACT SERVICE	\$ 3,554		
LANDSCAPING CONTRACT SERVICE	\$ 13,964		
MEDICAL WASTE CONTRACT SERVICE	\$ 1,452		
SNOW REMOVAL CONTRACT SERVICE	\$ 10,523		
TRASH REMOVAL CONTRACT SERVICE	\$ 29,268		
SECURITY CONTRACT SERVICE	\$ 201,937		
PLANT (POOL) CONTRACT SERVICES OTHER	\$ 65,899		
PLANT CONTRACT SERVICE OTHER	\$ 13,223		
RENT EQUIPMENT	\$ 9,384		
Total Other Repairs and Maintenance	\$ 349,762	\$ -	\$ -

Depreciation Schedule

Name of Facility SecureCare Options, LLC		License No. 2389			Report for Year Ended 9/30/2021			Page 23	of 37			
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					819,168		819,168	562,369			63,714	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					42,716						5,868	
D-3. Subtotal												69,582
E. Total Depreciation												69,582

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/12/2020	Beds: Medline	\$ 12,077	60	\$ 2,013
11/17/2020	Air Purification STM: Novaerus	\$ 17,044	60	\$ 2,841
4/30/2021	Repair Ice Machine	\$ 2,592	120	\$ 108
3/31/2021	Firewall Upgrade Project: PrimeCare	\$ 5,353	60	\$ 534
4/30/2021	Firewall Upgrade Project: PrimeCare	\$ 2,659	60	\$ 222
6/30/2021	Laptops: PrimeCare	\$ 2,991	60	\$ 150
Total additions for Movable Equipment		\$ 42,716		\$ 5,868 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/9/2021	Repair Fire Sprinkler: Facilities Compliance	\$ 2,689	300	\$ 9
Total additions for Leasehold Improvement		\$ 2,689		\$ 9 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility SecureCare Options, LLC			License No. 2389		Report for Year Ended 9/30/2021			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Start Up Costs				864,740	864,740				
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				996,638	450,509			76,954	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				2,689				9	
C-4. Subtotal									76,963
D. Total Amortization									76,963

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility		License No.	Report for Year Ended		Page	of
SecureCare Options, LLC		2389	9/30/2021		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility		License No.		Report for Year Ended			Page	of
SecureCare Options, LLC		2389		9/30/2021			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$				
14. Insurance								
a. Insurance on Property (buildings only)				\$ 15,464	15,464			
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 83,973	83,973			
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$ 9,780	9,780			
Insurance- Other								
14d. Total Insurance Expenditures (14a + b + c)				\$ 109,217	109,217			
15. Total All Expenditures (A-13 thru C-14)				\$ 12,538,434	12,538,434			

D. Adjustments to Statement of Expenditures

Name of Facility SecureCare Options, LLC				License No. 2389	Report for Year Ended 9/30/2021	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 18	18		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 848	848		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	10	Fund Raising / Contributions	\$ 250	250		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 151	151		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,267	1,267		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	1 M 13	Late Fees	\$ 151		
Total Other A&G Adjustments			\$ 151	\$ -	\$ -

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility				License No.	Report for Year Ended	Page	of
SecureCare Options, LLC				2389	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,267	1,267		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 2,300	2,300		
30.	20	5h	Laboratory	\$ 12,154	12,154		
31.			Medical Supplies	\$			
32.	20	5 e 2	Oxygen (non emergency)	\$ 3,916	3,916		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 9,879	9,879		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 29,516	29,516		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5L	Noncovered PPS Costs	\$ 9,879		
Total Other Ancillary Costs			\$ 9,879	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
SecureCare Options, LLC	2389	9/30/2021			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,592,996	11,592,996				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 120,299	120,299				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 1,329,686	1,329,686				
b. Private-Pay Room and Board Contractual Allowance **	\$ 1,149,490	1,149,490				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 4,878	4,878				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 43,919	43,919				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 22,030	22,030				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 85,373	85,373				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 12,281	12,281				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 17,072	17,072				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 20,342	20,342				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 69,185	69,185				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (31,573)	(31,573)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (12,398)	(12,398)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,423,580	14,423,580				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 40,086	40,086				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,187,689	2,187,689				
V. Total Other Revenue (1 thru 8)	\$ 2,227,775	2,227,775				
VI. Total All Revenue (III +V)	\$ 16,651,355	16,651,355				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.
 ** Facility should report all contractual allowances and/or payer discounts.

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Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	LAB MEDICARE A	\$ 1,503		
	OXYGEN MEDICARE A	\$ 147		
	RADIOLOGY MEDICARE A	\$ 1,016		
	IV THERAPY MEDICARE A	\$ 1,080		
	FLU SHOT REVENUE MED B	\$ 73		
	C/A MEDICARE A ANCILLARY	\$ (35,392)		
Total Other Resident Revenue - Medicare		\$ (31,573)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	LAB MEDICAID CCNH	\$ 1,131		
	LAB MANAGED MEDICARE	\$ 339		
	LAB DMHAS	\$ 2,994		
	OXYGEN MEDICAID CCNH	\$ 1,813		
	EQUIPMENT RENTAL MEDICAID CCNH	\$ 14,600		
	RADIOLOGY MEDICAID CCNH	\$ 1,337		
	IV THERAPY MEDICAID CCNH	\$ 9,790		
	IV THERAPY MANAGED MEDICARE	\$ 1,109		
	IV THERAPY DMHAS	\$ 190		
	OPTUM B	\$ 222,180		
	MED TRANS SVC DMHAS	\$ 3,986		
	OPTUM FLU SHOT REVENUE	\$ 677		
	DMHAS ANCILLARY REVENUE	\$ 23,380		
	OPTUM DIVIDENDS REVENUE	\$ 24,968		
	PRIOR YEAR ADJ -PAYOR CHANGES	\$ (757)		
	C/A MEDICAID ANCILLARY	\$ (192,585)		
	C/A INS/MGD CARE ANCILLARY	\$ 1,466		
	C/A OPTUM ANCILLARY	\$ (116,199)		
	C/A DMHAS ANCILLARY	\$ (11,297)		
	C/A VBP	\$ (1,520)		
Total Other Resident Revenue		\$ (12,398)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Bank Interest		\$ 40,086		
Total Interest Income			\$ 40,086	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	OTHER INCOME: DMHAS ORGANIZATIONAL REV	\$ 92,160		
	OTHER INCOME	\$ 500		
	CARES ACT REVENUE	\$ 1,092,100		
	COVID ECHO TRAINING REVENUE	\$ 6,000		
	HHS INFECTION CONTROL REVENUE	\$ 996,929		
Total Other Revenue		\$ 2,187,689	\$ -	\$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	5,988,860
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	529,812
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	8,896
5. Prepaid Expenses			\$	126,277
a. Insurance	97,099			
b. Property Taxes	27,045			
c. Expenses	2,133			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	6,653,845
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>999,327</u>		\$	471,855
	Accum. Depreciation <u>527,472</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>861,884</u>		\$	229,933
	Accum. Depreciation <u>631,951</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	701,788

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Long-Term Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 7,355,633	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
3. Buildings		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
5. Movable Equipment		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
6. Motor Vehicles		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost 864,740		
		Accum. Depreciation 864,740	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$ 128,643	
Patient Trust Funds 128,643				
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 128,643	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 7,484,276	

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
SecureCare Options, LLC		2389	9/30/2021	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	467,346
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	196,653
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	4,765,478
Intercompany Payables		1,726,981	Accrued Expenses	32,932	
Accrued Provider Use Tax		153,304	COVID - 19 Advances at	234,103	
Medicaid Reserves Rate Adjustment:		1,044,499			
Deferred Revenue		1,573,659	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	5,429,477

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2021		Page 34	of 37
Account				Amount	
Total Brought Forward:				5,429,477	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Patient Trust Fund		128,643			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 128,643	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,558,120	

G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2021	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	5,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,191,765)
6. Gain or Loss for Period			\$	4,112,921
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	1,926,156
C. Total Reserves and Net Worth			\$	1,926,156
D. Total Liabilities, Reserves, and Net Worth			\$	7,484,276

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H. Changes in Total Net Worth

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2021	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	(2,186,765)	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	16,651,355	
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,538,434	
D. Net Income or Deficit			\$	4,112,921	
E. Balance			\$	1,921,156	
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$		
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$	1,921,156	
				09/30/21	

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I. Preparer's/Reviewer's Certification

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Marien, COA				
Address Address			Phone Number	
100 Great Meadow Road Wethersfield CT 06109			860.419.3401	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Contact Email Address				

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